

ILLINOIS STATE POLICE
Division of Forensic Services
Springfield Forensic Science Laboratory
825 North Rutledge, 4th Floor
Springfield, Illinois 62702-4958
(217) 782-4975 (Voice) * 1-(800) 255-3323 (TDD)

Pat Quinn
Governor

December 15, 2011

Hiram Grau
Director

LABORATORY REPORT

ASA DAN PIWOWARCZYK
Cook County S/A Office-Bridgeview
Fifth Municipal District
10220 South 76th Avenue
Bridgeview IL 60455

Laboratory Case [REDACTED]

SUSPECT: [REDACTED]

The following evidence was submitted to the Springfield Forensic Science Laboratory by Certified Mail on October 27, 2011: (Please note that the exhibits have been renumbered in accordance with Documents Section practices.)

<u>EXHIBIT</u>	<u>DESCRIPTION</u>
Q1	CPD Consent to Search form dated 02 Oct. 09 and signed [REDACTED]
K1(1-12)	Known writing of [REDACTED]

The following evidence was submitted to the Springfield Forensic Science Laboratory by Email from DOC file on December 15, 2011: (Please note that the exhibits have been renumbered in accordance with Documents Section practices.)

<u>EXHIBIT</u>	<u>DESCRIPTION</u>
K1(13-22)	Known writing of [REDACTED]

PROBLEM:
Whether the questioned [REDACTED] signature on Exhibit Q1 was written by [REDACTED] (K1).

FINDINGS:
[REDACTED] (K1) cannot be associated with the questioned signature on Exhibit Q1.

EVIDENCE DISPOSITION:
The evidence will be returned by U.S. registered Mail.

Respectfully submitted,

Lindell Moore

Lindell Moore
Forensic Scientist

C.R.# 1051475
ATTACHMENT 19
1056

1. Name _____
Address _____
City/State/Zip _____
Home Phone Number _____
Work Phone Number _____
Relationship to Inmate MOTHER

2. Name _____
Address _____
City/State/Zip _____
Home Phone Number _____
Work Phone Number _____
Relationship to Inmate _____

() I do not authorize release of medical information in case of major surgery or critical illness to the above individual(s)

_____ IDOC # 2102/07 Date

If you were raised by someone other than your natural parents, then identify them below. For example, grandparents, other relatives, step-parents, etc.

Name _____

Address _____

City/State/Zip _____

Home Phone Number _____

Work Phone Number _____

Relationship to Resident _____

MOTHER		SISTER	
FATHER		SISTER	
WIFE		BROTHER	
DAUGHTER		BROTHER	
SON			
SON			

Offender Visiting List

Number: K-79242
E-3/B16

Missio's (or Legal Vision's) Plan for Agency

Sex	Age	Name	Relationship

F	30	BLK	FRIEND
E	18	BLK	Cousin

[illegible]

五

ATTACHMENT 19
30 of 6

[illegible]

I understand that I was not allowed to exercise my religious freedom and that my requested religion was subjected to approval. My attorney and associates of his or her law firm or agency could not exercise my religious freedom and that my religious beliefs were not respected. I will not be permitted any religious except in emergency situations. I understand the Department and subsequently deny an approved

Chief Administrative Officer's Signature

Table

3rd, 2nd

5/12/37

the opportunity to complete and sign this form, and was advised that no visits will be approved unless this form is signed. He or she refused to sign.



Forensic Document Examination
www.anagraphics.com

Bonnie L. Schwid, B.S., D-BFDE
Board Certified
bschwid@anagraphics.com

Robin D. Williams, MFS, MS, D-BFDE
Board Certified
rwilliams@anagraphics.com

March 30, 2011

Sam Adam, Jr. Attorney at Law
6133 S. Ellis Avenue
Chicago, IL 60637

Re: People of the State of Illinois v. [REDACTED]
Case No. [REDACTED]

Dear Attorney Adam:

This supplemental report is to acknowledge receipt and subsequent examination of the original *Consent to Search* dated 10/02/2009.

A stereoscopic and visual examination were conducted.

Opinion

Upon examination of the original document, it is my professional opinion that the signature on the *Consent to Search* was not written by [REDACTED]. There is a fundamental difference in the handwriting.

The original document will be returned to your office via Federal Express.

Respectfully,
Anagraphics, LLC

Bonnie L. Schwid BS, D-BFDE
Board Certified Forensic Document Examiner

Mailing Address: 1009 W. Glen Oaks Lane, Suite 207 • Mequon, WI 53092 • 262.240.1262
205 W. Wacker Drive, Suite 922, • Chicago, IL 60606 • 312.443.1080
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C.R.#1051475
ATTACHMENT 19
4 of 6

CPD 0027687

vs.

RD#

DOCUMENTS

ISP Report dated 12-15-11
by FS Lindell Moore

PAGES

j

Date _____

C.R.#1051475
ATTACHMENT 19
50FL6

CONSENT TO SEARCH
CHICAGO POLICE DEPARTMENT

UNIT

311

DATE

02 OCT 89

TIME

0232-0240

TO BE COMPLETED PRIOR TO SEARCH

I, [REDACTED], have been advised of my constitutional right not to have a search made of the premises/vehicle described below without a search warrant first being obtained. I have also been advised that I do not have to consent to this warrantless search unless I wish to do so.

Having been advised that I do not have to consent to a warrantless search, I hereby authorize and give my consent to DET. AMATO #20511 and P.O. RIVERA #13011 who have identified themselves as Chicago Police Officers assigned to the 311 (Unit) to conduct a complete search at this time of the premises/vehicle under my lawful control and described as [REDACTED].

In addition, I hereby authorize and give my consent to the above named officers to obtain and remove from the searched premises/vehicle any materials, documents, or other items that may be used in connection with a legitimate law enforcement purpose.

By my signature on this document, I hereby state and certify that this consent to search is being given by me to the above named officers knowingly, voluntarily, and without having received any threats, promises, or duress of any kind.

WITNESS (NON-DEPARTMENT MEMBER, IF AVAILABLE)

(PRINTED NAME)

(SIGNATURE)

REPORTING MEMBER(S)			
REPORTING MEMBER'S NAME DET- AMATO	STAR NO. 20511	EMPLOYEE NO. 37157	SIGNATURE T. Amato
REPORTING MEMBER'S NAME P.O- RIVERA	STAR NO. 13011	EMPLOYEE NO. 9761	SIGNATURE [Signature]
SUPERVISORY APPROVAL			
SUPERVISOR'S NAME [Signature] LOPEZ	STAR NO. 809	SIGNATURE [Signature]	
INCIDENT INFORMATION			
RD NO. [REDACTED]	I-UCR CODE 2027	EVENT NO. [REDACTED]	CONSENT TO SEARCH INVENTORY NO. [REDACTED]

CPD-11.483 (REV. 5/07)

C.R.# 1051475
ATTACHMENT 19
6066

CPD 0027689